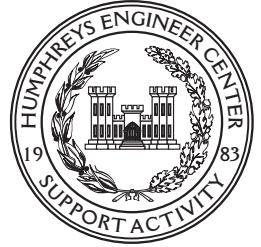


Graphics/Photo/AV/Video

CEHEC-IM-V Visual Information Branch

703/428-6278
202/761-1558



Date Received: _____

Date Due: _____

Requestor: _____
Office Symbol: _____ Cubicle #: _____
Phone: _____

☐ Graphics

☐ AV/Video

Photography Service

- ☐ Passport Photo
- ☐ Portrait

Individual to be photographed:

Name: _____ Office Symbol: _____

Phone #: _____ Cubicle #: _____

Presentation Setup

Date: _____

Time: _____

Location: _____

- ☐ Electronic Presentation
 - ☐ Laptop Used
 - ☐ Local PC Used

☐ Command Briefing

☐ VCR

☐ Audio Cassette Tape

☐ DVD

☐ 35-mm slides

☐ Phone Conference Call

(For VTC scheduling, use separate form)

Remarks

REQUEST NUMBER: _____